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December 20, 2004

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## 10/688.898 Application Number **CHANGE OF** 10/21/2003 CORRESPONDENCE ADDRESS Filing Date Application Schugar First Named Inventor 3714 Art Unit Address to: Commissioner for Patents **Examiner Name** P.Q. Box 1450 Alexandria, VA 22313-1450 SCH-02 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with lacksquare**Customer Number:** 25,203 OR Firm or Individual Name Address State Zip City Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 43,824 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_ Signature Typed or Printed Muskin Name Telephone 610 680-2301 Date 12-20-04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 \_\_\_\_forms are submitted.

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